

## C024-008-e

# Sick leave prescription for workers with low back pain: Results of a qualitative study

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**Background** Sick leave for low back pain (LBP) is an important public health problem with both social, economic and health related consequences. Remaining in work or returning quickly to work limits the potentially negative effects of long-term sickness absence [1]. The major determinants of sick leave prescription for LBP are not available in France. The aim of this work was to define how and why physicians prescribe sick leave for LBP workers.

**Method** Twelve items semi-structured interviews were undertaken with 80 physicians (general practitioners, rheumatologists, occupational therapists and medical adviser) during 6 focus group sessions. The interviews were recorded and transcribed verbatim. The transcripts were coded and analysed using content analysis.

**Results** Two main themes emerged including the doctor-patient relationship and the care pathway. Two sub-theme were necessary to classify all the verbatims with (i) the “determinants of the medical consultation” including clinical data, professional practices and beliefs of physicians, the demands of the patient; (ii) the “reason for work absence” that can meet the socio-professional context, clinical factors or technical and professional needs (imagery, expert advice)

**Discussion** Determinants of sick leave prescription are multifactorial and involve many areas (knowledge, professional practice, relational, coordination, regulatory) explaining the large inter-individual variability of prescriptions among the different doctors interviewed. The solutions do not seem to only depend on the need of information and training of doctors.

**Conclusion** The prescription of sick leave related to acute or chronic low back pain is influenced by many factors explaining (i) the variability in patterns and leave times, (ii) the low possibility of change for physician, (iii) the definition of new tracks action.

**Keywords** Low back pain; Sick leave; Qualitative design

**Disclosure of interest** The authors have not supplied their declaration of conflict of interest.

## Reference

- [1] van Tulder M, Koes B, Bombardier C. Low back pain. *Best Pract Res Clin Rheumatol* 2002;16:761–5.

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## Posters

## P052-e

# Low back pain in the workplace: Prospective study at the university hospital Oran-Algeria

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**Introduction** The physical constraints are present in the daily life. However, they are higher at work, where the employee has to adapt, than extra-professional life. The stress, the depression and the anxiety are often reactions to situations, which the person suffering from lumbago is confronted to. It aggravates his situation.

**Objectives** The main objective of this work is to evaluate stress of the subjects suffering from lumbagos in their professional environment and to study the correlations with the social and professional status which may deteriorate the psychological and functional state.

**Method** It is a prospective study about 133 patients with lumbago in Oran hospital. The functional disability occasioned by the lumbago was estimated through the scale “EIFEL” and the stress by the “SIEGRIST”. A standardized index card containing the social and professional data of the studied population. The statistical analysis was made on the software SPSS.

**Results** The study evolved 133 patients, 54 women and 79 men, average age is  $41 \pm 9.0$ . A significant relation between the severity of the fonctionnal disability caused by lumbago and stress was established. The last one is more important in women, nurses  $p < 0.05$  and depends on the chronicity of lumbago. The factors that aggravate the fonctional disability of lumbago are: handling  $p < 0.01$ , production line work  $p < 0.01$ , nurses and elderly person  $p < 0.05$ . A change in jobs is correlated with the chronicity of symptoms  $p < 0.001$ .

The sick leave is effective in 20% the patients in the last 12 months. The patients, who had got re-educational sessions, suffered less than others  $p < 0.05$ .

**Discussion and conclusion** Low back pain in professional environment constitutes a major handicap. It interacts in a negative way with the social and professional aspects. The stress appears as an aggravating factor or as reaction. The re-education should be integrated into the process of care.

**Keywords** Back pain; Occupation; Stress

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## P053-e

# Effect of TENS and active muscular rehabilitation in chronic neck pain

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**Objective** Compare two treatment methods: active TENS and muscular rehabilitation in patients with chronic neck pain.

**Materials and methods** Were included in our study 80 patients aged between 18 and 60 years with chronic neck pain, listed at least 4 on Eva.

Were excluded from the study patients who had a cervical radiculopathy, headache and cervical origin of dizziness, patients who have difficulty in answering the questionnaire.

Each patient was assessed by clinical examination measuring pain by Eva with cervical palpation and disability globally validated by Bournemouth at admission and at 1 month and to 3 months of treatment. Our patients were divided into two groups; G1: 43 patients treated with TENS and G2: 37 patients treated with active rehabilitation.

**Results** Both groups were considered comparable for age, and sex, our study has shown that for the VAS score. At 1 month, patients treated with TENS improve an average of 3.65 points compared to those treated with active rehabilitation, which is better than 1.73 ( $p < 0.001$ ).

At three months for the same score patients treated with the active rehabilitation improves average of 5.43 points compared to those treated with TENS that point better than 4.51 ( $p < 0.007$ ).



To score Bournemouth we observed one month improvement in the TENS group 21.37 points while in the active therapy group it is only 9.27 points with a  $p < 0.001$ .

At three months for the same score, the active rehabilitation group improved average of 31.92 points, while TENS group improved an average of 27.05 points with a  $p < 0.083$ .

**Conclusion** Our study has shown the effectiveness of TENS in the short term pain and disability, however, in the medium term is the active rehabilitation is most effective on pain but there is no significant difference between the two methods on the overall effect.

**Keywords** Neck pain; TENS; Active rehabilitation

**Disclosure of interest** The author has not supplied his/her declaration of conflict of interest.

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#### P054-e

### Direct cost of the common lombosciatique in a physical medicine and rehabilitation department

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**Objective** The objective of this study is to evaluate the direct cost of the common lombosciatique (LS) care in a Physical Medicine and Rehabilitation department.

**Methods** It is a retrospective study (2012–2013) on 151 files of patients managed for common LS. We calculated the costs related to the rehabilitation sessions, consultations, additional tests and treatment (general and local) administered during the rehabilitative care. The costs are expressed in Tunisian Dinar (TND) and Euro (€).

**Results** The mean age of patients was 46.9 years. The LS was L5 in 55% of cases, S1 in 32.5% of cases and poorly systematized in 12.5% of cases. The LS was bilateral in 26.5% of cases. The average number of therapy sessions was 13.8 with an average cost per patient (ACPP) of 248.19 TND (€ 106.72). The average number of visits was 3.15 with a ACPP of 31.52 TND (€ 13.55). Biological complementary examinations ACPP was 1.85 TND (€ 0.79), that of radiological examinations was 47.98 TND (€ 20.63). ACPP of the apparatus was 5.56 TND (€ 2.39). Systemic treatment ACPP was 15.71 TND (€ 6.75) and that of local treatment was 3.12 TND (€ 1.34). The total direct cost was 353.93 TND (€ 152.19) per patient.

**Discussion** The functional impact of the LS is important and its direct cost of rehabilitation care is not insignificant. The indirect cost in touch with the work stoppage would be even more interesting to calculate to be able to estimate the real economic consequences of this pathology.

**Keywords** Cost; Lombosciatique; Rehabilitation

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